

# (REFERENCE COPY - Not for submission) Notification of Consummation

File Number: **0000142926** Service: Full Power AM

Submit Date: **04/02/2021** Lead Call Sign: **KNTX** FRN: **0008214256** 

Purpose: Notification of Consummation

Status: Accepted

Status Date: **04/05/2021** 

Filing Status: Active

### General **Information**

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

# **Applicant** Information

# **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
HENDERSON BROADCASTING COMPANY, L.P. Doing Business As: HENDERSON BROADCASTING COMPANY, L.P.	904 ASPEN ROAD GAINESVILLE, TX 76240 United States	+1 (940) 665-5576	PHENDERSON@KNTXRADIO. COM	Limited Partnership

# Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Matthew H. McCormick FLETCHER HEALD & HILDRETH, PLC	1300 N. 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0438	MCCORMICK@FHHLAW.	Legal Representative

# Consummation **Notification Details**

#### **Details**

Date of Consummation	FRN of Licensee Post-consummation
2021-04-02	0008214256

### **Consummate the Following Authorizations:**

Select all the authorizations in the table below that will *not* be consummated

Call Sign	Facility ID	File Number	Will Not Consummate
KNTX	6561	0000136381	
K282BZ	201417	0000136382	

# Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).	

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Pamela Henderson
Member of General Partner

04/02/2021

**Attachments** 

Information not provided.